



NAVY AND MARINE CORPS MEDICAL NEWS

August 2013

MEDNEWS Items of Interest

In August, Navy Medicine highlights National Immunization Awareness month. This month, Navy Medicine takes a look at the importance of getting vaccinated and prevention methods to reduce the spread of diseases like influenza.

Aug. 22 will mark the Dental Corps' 101st birthday

Naval Medical Center San Diego installed a new robotic dispensing system in their pharmacy. Check out the All Hands Update: <http://www.navy.mil/viewVideo.asp?id=18755>.

Capt. Christopher M. Culp handed over responsibilities as commanding officer of Naval Hospital Bremerton to Capt. Christopher S. Quarles, Aug. 6.

Check out Naval Medical Center San Diego's Graduate Medical Education video about their dermatology department on the US Navy Medicine YouTube page: <http://goo.gl/yfJQX3>.

Find us on [Facebook](#) @U.S. Navy Bureau of Medicine and Surgery, follow us on [Twitter](#) @NavyMedicine, read our publications on [Issuu](#), check out our photos on [Flickr](#), watch our videos on [YouTube](#) and read our blog on [Navy Medicine Live](#).

Did You Know?

Navy Medicine has purchased over one million flu vaccine doses to provide optimal protection for Navy and Marine Corps personnel, families and other beneficiaries.

U.S., Japanese Navy medicine reaffirm vital partnership

By Richard McManus, U.S. Naval Hospital Yokosuka Public Affairs

TOKYO - The U.S. Navy surgeon general visited Japan July 24 to reinforce the Navy's commitment to its partner nations and enhance the longstanding relationship between the two navies and countries.

While touring the Western Pacific, Vice Adm. Matthew L. Nathan, Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery, paid a visit to Adm. Katsutoshi Kawano, chief of staff, Japan Maritime Self-Defense Force (JMSDF) and Rear Adm. Shigeki Yanagida, surgeon general and director of Medicine, Maritime Staff Office to discuss Navy Medicine's commitment to the region and the future of joint training opportunities and humanitarian missions.

"Meeting with the JMSDF chief of staff and surgeon general was an opportunity to talk about the importance of our alliance, to discuss the strength of the relationship between the U.S. Navy and the JMSDF, and commit ourselves to continue to cooperate through joint exercises and humanitarian missions such as Pacific Partnership," said Nathan.

During his trip Nathan, accompanied by Capt. Mark Turner, commanding officer, U.S. Naval Hospital (USNH) Yokosuka, also met with Rear Adm. Fumihiko Hirata, commander, Japan Self Defense Force (JSDF) Hospital Yokosuka, where the leaders talked about the robust relationship the two local commands have.

USNH Yokosuka and JSDF Hospital Yokosuka routinely train together in

See Partnership, Page 3



Photo by Richard McManus

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery and Adm. Katsutoshi Kawano, chief of staff, Japan Maritime Self Defense Force meet to discuss the importance of maintaining the long-term relationship between the two country's military medicine communities July 24.

Navy Medicine supports immunization month

Navy Medicine is in the readiness business. Keeping Sailors and Marines healthy at home and abroad is our first priority. In order to maintain our readiness on the battlefield, on ships, and at home, we must stay on top of our immunizations and prevention techniques to keep a fit and ready force to achieve our mission.

The month of August is National Immunization Awareness Month. During this month, I would like to talk with you about the prevention of influenza (or "the flu"), the importance of getting immunized and the types of critical immunizations that will keep you and your family healthy.

The next flu season is only months away. From the recent 2013-2014 Navy influenza vaccination and reporting policy, influenza results in more than 25

million reported cases, 150,000 hospitalizations for serious complications and approximately 24,000 deaths each year in the United States. Getting vaccinated is the primary way you can reduce the risk

of getting the flu. Keeping a clean work environment, practicing good hygiene, and managing workforce exposure such as social distancing, tele-working, and using sick leave are effective methods to reduce the risk of spreading the flu.

To ensure the health of our force, Navy Medicine has purchased over one million flu vaccine doses to provide optimal protection for Navy and Marine Corps personnel, families and other beneficiaries. Injectable and intranasal vaccines will be available during the 2013-2014 flu seasons. If you are active duty, Reserve, or a civilian health care worker providing direct patient care, the flu vaccine is

mandatory. The flu vaccine will also be available for other Navy Medicine personnel who would like to receive the vaccination. As we get closer to the flu season, Navy Medicine com-

mands will be communicating with you about where and when you can get the flu vaccine. Tricare beneficiaries will be able to get the vaccine from their local retail pharmacies.

Thousands of adults in the United States die each year from vaccine-preventable diseases. Many adults remain unvaccinated because they are unaware or misinformed about the need for vaccines beyond childhood. For instance, the incidence of pertussis (whooping cough) has increased largely due to vaccination coverage rates going down, resulting in a recommendation from the Centers for Disease Control and Prevention (CDC) that everyone, including preteens, receive one lifetime booster dose of a pertussis-containing vaccine. Pregnant women



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

should also receive a booster with each pregnancy. You can make sure you are up-to-date with your vaccination schedule by reviewing your medical records and talking with your local physician at your MTF or other health care provider. Vaccination is vital for the prevention of many diseases.

It is critical that our children receive immunizations in accordance with the published schedules, protecting children from 14 serious diseases by age two. The recommended CDC schedules, found on the CDC website, are designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.

Whether you are a corpsman on the battlefield, a physician in one of our military treatment facilities around the globe, or an information technology specialist at Navy Medicine headquarters, it is vital that we get vaccinated, take care of ourselves and those we serve. If you are not feeling well during this flu season, say something to those you work with, and use proper social distancing techniques. In addition to getting vaccinated, we need to look out for ourselves and one another in order to meet our mission.

I am very proud of the work you do each day. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.

"Getting vaccinated is the primary way you can reduce the risk of getting the flu."

Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General



**Navy and Marine Corps
Medical News**



U.S. Navy Bureau of Medicine and Surgery

Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

Capt. Dora Lockwood
Public Affairs Officer

Paul Ross
Deputy Public Affairs Officer

Valerie A. Kremer
MEDNEWS Managing Editor

U.S. Navy Bureau of Medicine and Surgery
7700 Arlington Blvd. Ste. 5122
Falls Church, Va. 22042-5122

Public Affairs Office
p - 703-681-9032

**Who
needs a flu
vaccine?**



Even healthy people can get the flu.
Protect yourself and your loved ones.
Get vaccinated.

www.cdc.gov/flu



U.S. Department of Health and Human Services

Medical units make strides toward interoperability

By Mass Communication Specialist 1st Class (SW) Brian P. Biller, USS Boxer Public Affairs

SAN DIEGO - Several weeks of integrated training among the medical department aboard USS Boxer (LHD 4), Fleet Surgical Team (FST) 3, Shock Trauma Platoon (STP), and Air Combat Element Medical from the 13th Marine Expeditionary Unit (MEU) culminated in a six-hour 'final exam' aboard amphibious assault ship July 24.

The Fleet Surgical Team (FST) Pre-Deployment Trauma Training Course (PTTC) course is unique to the water-front in its team-based approach to medical training, specifically trauma resuscitation.

Designed by Cmdr. (Dr.) Tuan N. Hoang, commander, Amphibious Task Force (CATF) surgeon and FST-3 officer in charge, FST PTTC is the first of its kind in the surface medical community and is an invaluable tool in preparing units for deployment.

The course concluded with multiple hyper-realistic patient scenarios and real-time chaos in order to better prepare the Boxer Amphibious Ready Group (ARG) for an upcoming deployment.

"Today is the composite of all the training that we have done through the PTTC, including the didactic lectures, in-

"We try to make everything as realistic as we possibly can, as if we are taking real casualties."

Cmdr. (Dr.) Tuan N. Hoang
commander, Amphibious Task Force surgeon

tense combat scenario-based simulations, cadaveric laboratory and now, putting everything together in a hyper-realistic, intensive, multi-wave mass casualty scenario designed to stress the team, and find its upper limit," said Hoang. "We try to make everything as realistic as we pos-



Photo by Mass Communication Specialist 1st Class Brian P. Biller

Hospital Corpsman 2nd Class Solomon Sum and members of the amphibious assault ship USS Boxer (LHD 4) medical department perform CPR on a simulated victim during a mass casualty exercise. The graded exercise was the final step of the pre-deployment trauma training to prepare the medical staff of the Boxer Amphibious Ready Group for an upcoming deployment.

sibly can, as if we are taking real casualties."

Hoang, who is also the course's director, explained that the course pushes a team-based approach to educate corpsmen to physicians and surgeons how to effectively triage, stabilize and treat single patient, multiple victims and mass casualties in combat environment. Multiple four-person teams consist of a doctor and three corpsmen, working alongside

one another, responding to numerous combat trauma scenarios.

"Communication is always the most challenging part, when you have that many injured and you're dealing with people on flight deck triage, patients out there, patients in here," said Hospital

Corpsman 2nd Class Nicholas Eadie. "[I give] props to all of the recorders for keeping track of the patients, as no one was lost, and everybody got taken care of."

Time is of the essence, and in an environment where seconds can literally mean life or death, the key to success is integrated team-based training.

"I think it's critical that we are integrated," Hoang said. "The ship's Medical, FST, STP and ACE, all have different requirements, skill levels and skill sets," he said. "If we are able to get the entire team exposed and trained to this kind of difficult, intense, fast-paced combat environment, it will be easier for the team to adapt in real word scenarios," Hoang said.

The exercise is timed and graded; giving on-site feedback and helping the team to increase their efficiency.

See Medical, Page 5

PARTNERSHIP

From page 1

emergency management and disaster preparedness scenarios which are in line and reinforce Navy Medicine's guiding principles of readiness, value and jointness.

In addition to meeting with JMSDF leaders, the surgeon general toured USNH Yokosuka and held an all hands calls where he thanked staff for their service, discussed the current state of

Navy Medicine and outlined the way ahead.

As the U.S. Navy Surgeon General and Chief, Bureau of Medicine and Surgery, Nathan leads 63,000 Navy Medicine personnel who provide health care support to the Navy and Marine Corps, their families and veterans in high operational tempo environments, at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world.

Navy's top doc holds all hands call at Bremerton

By Mass Communication Specialist 1st Class James Evans Coyle

BREMERTON, Wash. - The U.S. Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery visited with Naval Hospital Bremerton (NHB) Sailors at an all hands call at the hospital's Ross Auditorium Aug. 7.

Vice Adm. Matthew L. Nathan, along with Force Master Chief Sherman Boss, U.S. Navy Bureau of Medicine and Surgery, provided a vast amount of knowledge and information to Sailors and civilian workers in attendance at the in-depth discussion.

Nathan began with commenting on the superior attributes of all the individuals who work at NHB and how everyone has helped make the command one of the more successful and most sought after medical facilities in the Navy.

"The quality of the Sailors and civilian staff here at this hospital has never been higher," said Nathan. "You represent the top tier of the best of what America's Navy has to offer."

Nathan added that the command's deployable ability puts them in a category that stands alone.

"If any situation suddenly arose, a tragic natural event or an immediate war crisis of any kind came down, if everyone in this room was given the word they had 24 hours to get their gear together and ship out to anywhere in the world

"You represent the top tier of the best of what America's Navy has to offer."

Vice Adm. Matthew L. Nathan
Navy Surgeon General

because the need was there, you would all be ready to answer the call," said Nathan. "That's why you're special, better than the best, and certainly a higher type of medical staff than any civilian-only medical facility. It's the fact you have the agility that has put us all on the map of the elite status we maintain."

Both Nathan and Boss gave specifics about two continuously popular topics for Sailors and discussed the potential of increased Selected Re-enlistment Bonuses (SRBs) for certain Navy Enlisted Classification Codes (NECs) and the ability



Photo by Mass Communications Specialist 1st Class James Evans Coyle

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery, shares his insights, impressions and information with Naval Hospital Bremerton Sailors during an all hands call held Aug. 7.

to pick certain areas for continued naval service.

"If you go out in the civilian world with a specialized NEC you've obtained from the Navy, it's possible I can't pay you what that company or medical organization is going to give you," said Nathan. "It's all about if the money that is available in the military budget. If there's a need to retain more individuals who have the high demand NECs you'll definitely see those SRB numbers rise."

"The capability to choose any area in the world you desire for

your next duty station can be achieved but because money is obviously tighter in certain regions it can be tricky to get where you want to go," said Boss. "For example, if you want to go to Bahrain and you're stationed here at NHB the person who is working at Naval Hospital Pensacola who wants the same billet will possibly have a better shot at getting there. Just like someone on the West Coast would have an edge going to Hawaii or Japan. But always keep focused and you'll be able to achieve what you want and where you want to go."

Another portion of the all hands call featured information about how future evolutions will go more and more towards a multi-service responsibility.

"It's very much the wave of the future with more joint-service evolutions. There will be more of what's already happening with Army and Air Force joining along Navy and Marine Corps medical teams either working side-by-side or training together while deployed. And I know that many of you here today have received your specialized training inside multi-service classrooms. It's just a more efficient way of doing things and there's a crucial cohesion building up between our military forces," said Nathan.

Nathan wrapped up his talk by reflecting over his career and on how many service members at one time have expressed a desire to leave the Navy only to later request another chance to stay in and continue on.

"People sometimes tend to think they can do better than what the Navy offers them and realize that they were on the right path all along," said Nathan. "I can truly say that when you're an old man or woman and you're sitting in your rocking chair, you'll have a lot more interesting stories to tell about the Navy if you stay around for awhile and don't just rush to get out."

SAILORS EARN NAVY-WIDE AWARDS

By Lance Cpl. Peter Sanders, III Marine Expeditionary Force/ Marine Corps Installations Pacific

CAMP FOSTER, Okinawa — Two Sailors were presented Navy-wide awards by Brig. Gen. Steven R. Rudder for their service and conduct during a ceremony Aug. 2 at Building 1 headquarters on Camp Foster.

Hospital Corpsman 1st Class Joseph S. De La Cruz was recognized as the 2013 Independent Duty Corpsman (IDC) of the Year for the Navy during the ceremony, and Hospital Corpsman 1st Class Michael J. Pena received the 2012 Robert Graham Enlisted Award for his performance in support of the Naval Aerospace and Physiology program.

De La Cruz is with Marine Wing Support Squadron 172, Marine Aircraft Group 36, 1st Marine Aircraft Wing (MAW), III Marine Expeditionary Force (MEF), and Pena is an aeromedical safety corpsman with MAG-36, 1st MAW, III MEF. Rudder is the commanding general of 1st MAW, III MEF.

De La Cruz demonstrated the kind of leadership and work ethic the Navy aims to exemplify, according to his award citation. His achievements have significantly contributed to the provision of operational medicine, combat readiness and the overall health of Sailors and Marines in his unit.

"Awards such as the IDC of the Year solidify (the fact) that these Sailors are truly doing the best they possibly can at their jobs," said Master Chief Petty Officer David D. Jones, the command master chief of 1st MAW.

IDCs are credentialed medical providers, able to receive patients, prescribe medication and perform minor operations, among other duties.

"These Sailors are a vital part of the fleet force, fulfilling their duties on ships and dry land alike," said Jones.

De La Cruz plans to keep on the path that has brought him success.

"I'm still in a state of shock ... I know I couldn't have done it without the help of fellow corpsmen," said De La Cruz. "But I'm nowhere near done; I'm going to continue doing what I've been doing."

Pena earned recognition for his role in leading, mentoring and training over 1,600 members of MAG-36, as well as helping revive a screening program for water survival training, according to the citation. His contributions positively affected the



Photo by Lance Cpl. Peter Sanders

(From left to right) Master Chief Petty Officer David D. Jones, Petty Officer 1st Class Joseph S. De La Cruz, Brig. Gen. Steven R. Rudder and Petty Officer 1st Class Michael J. Pena pose Aug. 2 at Building 1 on Camp Foster following an awards ceremony.

command's ability to maintain expeditionary readiness.

Corpsmen are responsible for the safety of every service member within their command, according to Pena.

"We have to identify all of the hazards in a given situation and find ways to eliminate or minimize those risks," said Pena.

Public recognition of service members' work plays an important role in rewarding good Marines and Sailors and encouraging all to do their best.

"When service members earn awards like this, it keeps everything together," said Jones. "These awards commend those who worked hard and encourages others to become the best at whatever it is they do."

The 1st MAW leadership hopes the recent trend of awards and excellent service continues, according to Jones.

"It shows that (the Sailors) are truly doing the best they can at their jobs and as service members, as well as demonstrating maturity and growth in their technical skills," said Jones.

MEDICAL

From page 3

Additionally, hyper-realistic simulators which can actually move, react, bleed, be cut open and have surgery performed on them, added realism and training depth that did not exist previously. The team had their work cut out for them stopping bleeding, removing shrapnel, resecting injured organs in the hectic environment of triaging and treating multiple casualties.

"Everyone has done a phenomenal job," said Hoang. "From a team standpoint, they communicated well, every-

one in the team knew what their position and other's were and they functioned as a well-oiled machine."

To hone a scalable, tailorable capability like this would allow ships like Boxer and the Amphibious Ready Group to insert into any area and have trained teams from across the Navy Medical spectrum provide a mobile medical facility, which could handle a multitude of medical contingencies, from combat casualties, to humanitarian aid and disaster relief with greater speed, efficiency and proficiency.

According to Chief Hospital Corpsman (SW/FMF/AW) Allan Antonio, Boxer Medical's leading chief petty offi-

cer, the groups received high marks from the assessors.

"The exercise went extremely well," Antonio said. "The energy, the momentum, the fluidity of combined medical assets set the bar in responding to a real world scenario, in saving lives and in employing Navy medicine."

Boxer ARG is currently making preparations for an upcoming deployment, and her medical team has done their best to train like they fight.

"I'm looking forward to seeing the team function in the real world environment," said Hoang. "I hope we don't have to but, I think we as a team, are ready."

CNO releases navigation plan for 2014-2018

By Chief Mass Communication Specialist (SW/AW) Julianne Metzger, Chief of Naval Operations Public Affairs

WASHINGTON - Chief of Naval Operations (CNO) Adm. Jonathan Greenert released his Navigation Plan for the Navy for 2014 to 2018 to the fleet.

Drawing from the Sailing Directions and the three tenets of Warfighting First, Operate Forward and Be Ready, the Navigation Plan defines the course and speed the Navy will follow to organize, train and equip over the next several years.

Greenert also addresses budgetary concerns about Continuing Resolutions, Sequestration and preparations for the FY2014 budget in the document.

"Our first consideration is the ability to fight and win today, while building the ability to win tomorrow," said Greenert. "Regardless of reductions, we will continue to operate forward with ready forces, where it matters, when it matters."

Greenert stated that despite future reduction to Navy's budget that may impact the ability to maintain the overall size of the fleet, the Navy will ensure that the deployable force is proficient and ready. This will include fielding and improving "kill chains", utilizing the electromagnetic spectrum and maintaining the Navy's undersea dominance.

The document also addresses the rebalance toward the Asia-Pacific region, a strategy that will compel the Navy to add ships to the Forward Deployed Naval Force, and increase the number of ships which are Forward Stationed or Forward Operating.

"The Navy and Marine Corps are our nation's 'away team,'" said Greenert. "History demonstrates the Navy is at its best when we are forward and ready to respond."

Lastly, the Navigation Plan stresses the importance of having



Photo by Chief Mass Communication Specialist Julianne F. Metzger

Chief of Naval Operations (CNO) Adm. Jonathan Greenert answers questions during an all-hands call aboard the guided-missile destroyer USS Halsey (DDG-97), Aug. 13. During his visit to the ship Greenert had lunch with crew members and presented awards.

Sailors and civilians that are ready to tackle tomorrow's challenges by being personally prepared, confident and proficient.

"We will sustain our forces' warfighting capability and ability to operate forward through effective maintenance and timely modernization," said Greenert. "Ready Sailors and Civilians remain the source of the Navy's warfighting capability."

To view the CNO's Navigation Plan, visit www.navy.mil/cno/130813_CNO_Navigation_Plan.pdf.

TRICARE pharmacy home delivery: the convenient way to fill prescriptions

By Yan Kennon, Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - TRICARE Pharmacy Home Delivery offers a safe, affordable and convenient method of getting prescriptions delivered to patients' doors, by way of the U.S. Postal Service.

Home Delivery includes generics at no-cost; a 90-day supply for most medications; refills by mail, phone or online; and an automatic refill option. Active duty have no co-pays, while other patients have no co-pay for generics, \$13 for brand-name formulary and \$43 for non-formulary. For brand-name and non-formulary medications, the co-pays for a 90-day supply are about the same as a 30-day supply from a retail pharmacy - a savings of up to 65 percent.

"TRICARE Pharmacy Home Delivery offers patients the opportunity to save

time and money on prescription medications," said Capt. Gayle Shaffer, Naval Hospital (NH) Jacksonville commanding officer. "For our patients, this means no waiting in line, no extra driving, and the assurance of safe, reliable and confidential receipt of medications. It also reduces DoD retail pharmacy costs and places hard-earned money back into the pockets of our nation's heroes and their families."

According to TRICARE, more than one million prescriptions are filled each month through Home Delivery, which is administered by Express Scripts, Inc.

Home Delivery is best suited for maintenance medications — those taken on a regular basis. Benefits of Home Delivery include free generic medications, refill reminders, help with renewing expired prescriptions, and a review of prescription history to help prevent harmful drug

interactions. One of the most popular features is the automatic refill option, which ensures that patients don't run out of their medications. Patients can also refill their prescriptions manually - by phone, mail or online.

Prescriptions can be delivered to any address in the U.S. and its territories, including temporary addresses and APO/FPO addresses. Patients living outside the U.S. and its territories who don't have an APO/FPO address can have medications shipped to their U.S. embassy. Refrigerated medications can't be mailed to APO/FPO addresses.

To enroll at no-cost, there're three options: online at www.tricare.mil/homedelivery, by telephone at (877) 363-1303, or by mailing a registration form to Express Scripts Inc., P.O. Box 52150, Phoenix, AZ 85072-9954.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



Navy Medicine National Capital Area stands down

By Bernard S. Little, Walter Reed National Military Medical Center

BETHESDA, Md. - With the casing of its flag, Navy Medicine National Capital Area (NCA) was disestablished, and its assets transferred to Navy Medicine East, during a ceremony July 31 at Walter Reed National Military Medical Center (WRNMMC).

Vice Adm. Matthew L. Nathan, the 37th Surgeon General of the U.S. Navy and chief of the U.S. Navy Bureau of Medicine and Surgery (BUMED), officiated the ceremony, calling it “a very significant event” representing the changes in military medicine.

“It is part of the push and pull of changing the Military Health System (MHS) as we know it,” Nathan said. “People remain our number one priority as we orchestrate these things ... and we can’t afford to fail and forget what we’re really all about — to maintain medically-ready [service members and assets].”

“We are rapidly becoming the only nation on the planet that is still capable of delivering a complete and comprehensive, vertically-integrated, tertiary care support system any place in the world using joint assets for combat casualty, warfighter support, humanitarian aid and disaster assistance,” Nathan continued. “Everything we do must be predicated on maintaining that capability.”

The Navy surgeon general explained changes taking place within Navy Medicine and the MHS are to better provide care to its beneficiaries in the most cost effective manner. “As [the National Naval Medical Center and Walter Reed Army Medical Center] became the Walter Reed National Military Medical Center at Bethesda, and as Fort Belvoir [Community Hospital, Va.] folded into the mix, we [in Navy Medicine] saw the opportunity to consolidate, and in some ways, reduce overhead and create streamline efficiencies by moving these amazing jewels in our crown [Naval Health Clinic Annapo-



Photo by Bernard S. Little

Rear Adm. (Dr.) Elaine C. Wagner, commander of Navy Medicine East, assumes command of Navy Medicine National Capital Area assets, including Naval Health Clinic Annapolis, Naval Health Clinic Patuxent River and Naval Health Clinic Quantico, during a ceremony on July 31 at Walter Reed Bethesda. Navy Medicine East now includes all Navy Medical Treatment Facilities on the East Coast, Gulf Coast, Great Lakes and in Europe.

lis, Naval Health Clinic Patuxent River and Naval Health Clinic Quantico to Navy Medicine East].”

The move of Navy Medicine NCA’s assets to Navy Medicine East, better position Navy Medicine as a whole “to complement, support and integrate in a joint spectrum, as we partner with the Defense Health Agency and the other services,” the Navy’s top doctor added.

“We’re on deck at the time of great change,” Nathan concluded.

Rear Adm. Elaine C. Wagner, commander of Navy Medicine East, Naval Medical Center Portsmouth and chief of the Navy Dental Corps, expressed enthusiasm with the change and

the activities she will lead. She explained Navy Medicine NCA’s hallmarks of “pride, professionalism and excellence,” will continue under her command as they have for the past eight years.

“Well done to each and every one of you,” Wagner continued. “The ending of one thing is always the beginning of something else.” She said along with health clinics at Annapolis, Patuxent River and Quantico, Navy Medicine East

will continue to be “ready, relevant and reliable.”

Rear Adm. Alton L. Stocks, WRNMMC commander, also praised the Navy Medicine NCA staff, which he had led for the last two years. He explained transformation in military medicine has been ongoing since 2005 when Congress, through the Base Realignment and Closure initiatives, instructed the Department of Defense (DoD) to become “more effective and efficient” with the resources provided.

“It makes sense that we are good stewards of the resources we’ve been given where we can consolidate staffs and continue the mission wherever we can,” Stocks said. “It’s exactly by doing this we maintain the faith and trust of the American public.”

Stocks applauded Navy Medicine NCA for its accomplishments, including being one of only four awardees in the entire DoD recognized for its efforts in process improvements during 2011.

“This directly translates in the success of [Navy Medicine] commands,” Stocks said.

He explained NCA staff members provided the most accurate data on which to base decisions concerning integration

See Navy, Page 10

“We’re on deck at the time of great change.”

**Vice Adm. Matthew L. Nathan
U.S. Navy surgeon general**

**“Navy Surgeon General Honors Dental Corps’ 101st Birthday”
Read more stories like this on the Navy Medicine Live Blog**

WORKING TOGETHER TO HEAL

By Sgt. Francis Horton, 363rd Public Affairs Detachment

FORT MCCOY, Wis. – During any U.S. military joint services training, jokes at the expense of each service are usually tossed about with good nature. But, despite the occasional ribbing between services, Soldiers, Sailors and Airmen have a common ground in the care and evacuation of their wounded.

Soldiers with the 901st Minimal Care Detachment out of Fairmont, W.Va., are working with Navy corpsmen and airmen to transport simulated wounded out on UH-60 Black Hawks and fixed-wing aircraft.

"We're pretty much like a holding facility," said Spc. Cathy Mason, medic, 901st MCD, and native of Waynesburg, Pa. "They are stable when they get to us and we prepare them so they can be transported to a higher echelon of care."

"It's good training," said Hospital Corpsman 2nd Class Sarah Godette, Detachment K, Operational Support Hospital Unit out of Bremerton, Wash., and a native of Salt Lake City.

Mason and Godette worked together as a litter team, loading and unloading patients on and off aircraft and vehicles.

So far, the training has been nonstop.

"You constantly get ambulances in, you're constantly on your feet," said Mason. "You have to be ready."

While the Army and Navy are taking care of the wounded, the Air Force is making sure transportation is quick and efficient.

"The Air Force is running the flight line," said Air Force Master Sgt. Adam Rauch, 914th Aeromedical Evacuation Squadron and an observer, controller/trainer at Forward Operating Base Young.

The Air Force has also been training the Soldiers and Sailors how to safely load and unload patients from various aircraft while the engines are running.

Running engines increases difficulty and danger to the wounded because of the air blown around by jet and propeller wash, Rauch said.

The medics aren't passing up opportunities to bone up on their preparedness.

"A lot of the training is setting up a bare-bones, from scratch contingent," Rauch said. "The MCD has to come in, set up tents and be ready for patients."

Along with MCD setup, the medics are practicing their litter carrying and basic first aid.

Since day one, the training has run smoothly.

"From the first day, all services came together as one unit and worked very well together," said Chief Hospital Corpsman

Charles Mitchem of the Great Lakes 1 Expeditionary Medical Force in Great Lakes, Ill. Mitchem is the noncommissioned officer in charge of the Forward Operating Base Young medics, and native of Connersville, Ind.

Joint operations like this are important for the safety and success of real-world joint services missions in the future.

"If there is a time or a place we have to work together, we know how each one operates," Mitchem said.



Photo by Sgt. Francis Horton

Medical Soldiers with the 901st Minimal Care Detachment out of Waynesburg, Pa., wait with Navy corpsmen to load simulated wounded onto a C-130 aircraft for evacuation on Forward Operating Base Young at Fort McCoy, Wis., during Warrior Exercise 86. Soldiers, Sailors and Airmen came together to work toward the common goal of caring for and evacuating wounded from the battlefield.



Photo by Sgt. Francis Horton

Spc. Cathy Mason (right center) and Hospital Corpsman 2nd Class Sarah Godette (left) move a simulated wounded service member onto Forward Operating Base Young's flight line for medical evacuation on a C-130 airplane at Fort McCoy, Wis., during Warrior Exercise 86.

Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil



Kobelja assumes command of Naval Hospital Camp Pendleton

By Naval Hospital Camp Pendleton
Public Affairs

MARINE CORPS BASE CAMP PENDLETON, Calif. – Capt. Mark Kobelja relieved Capt. Kenneth J. Iverson as Commanding Officer of Naval Hospital Camp Pendleton during a Change of Command Ceremony held near the main gate at the site of the replacement Naval Hospital July 26.

The guest speaker for the ceremony was Rear Adm. C. Forrest Faison III, commander, Navy Medicine West and Naval Medical Center San Diego.

“Marines, Sailors and their families are far better today because of your exemplary leadership and vision,” said Faison. “You live everyday by what that great American Will Rogers frequently told us, ‘People don’t care how much you know until they know how much you care.’ Ken, you’ve cared for this team here at Pendleton as you have cared for your own family. I am proud of the Naval Hospital Camp Pendleton team beyond words. You’ve personified the three ‘R’s that all great leaders possess; respect for self, respect for others and responsibility for all.”

Prior to transferring command, Iverson thanked the hospital staff for their work and dedication.

“Thanks for the honor of being a part of this unmatched team,” said Iverson. “This has been the highlight of my 27 year naval career. I leave here with the fondest memories of my entire career. Karen and I will miss you and we certainly wish you the very best in the future and you will forever have this indelible place in our hearts.”

After reading the orders and assuming command of the hospital, Kobelja stated his plans and vision for the staff and hospital.



Photo by Mass Communication Specialist 1st Class Michael R. McCormick

Capt. Mark Kobelja is piped aboard prior to relieving Capt. Kenneth Iverson as Naval Hospital Camp Pendleton’s commanding officer during a change of command ceremony July 26. Kobelja comes to NHCP after serving for the past two years as deputy commander, Naval Medical Center San Diego.

“You have so much to be proud of, a legacy of excellence defined by unwavering patient-centered care, expert operational support, innovation, efficiency and agility in managing the march of change,” said Kobelja. “But you will be tested again. The move this fall into this incredible facility will need to be carefully coordinated. Additionally, we must confront the unsustainable costs of health care. Our surgeon general has given us a road map, but we also need to own these problems at the local level to deliver the mission. You are up for it, can’t imagine a more capable crew. It is truly my privilege

and honor to serve as your commanding officer.”

Kobelja, a native of Milwaukee, comes to NHCP after serving as deputy commander, Naval Medical Center San Diego. He received his Bachelor’s Degree in mathematics from Spring Hill College in 1987 and his Medical Degree from the Uniformed Services University of the Health Sciences in 1996. His post graduate training included a surgery internship and anesthesiology residency at National Naval Medical Center and a pain medicine fellowship at the Walter Reed Army Medical Center.



Photo by Mass Communication Specialist Seaman Justin W. Galvin

Wounded Warriors

Marine Cpl. Jorge Salazar, assigned to Naval Medical Center San Diego’s (NMCS) Wounded Warrior Battalion-West detachment, walks toward an MH-60S Sea Hawk helicopter, assigned to the Blackjacks of Helicopter Sea Combat Squadron (HSC) 21, at NMCS, Aug. 8. HSC-21 is based at Naval Air Station North Island and provided eight wounded, ill and injured service members and four Marine staff members the opportunity to ride along as a morale booster before conducting search and rescue training.

NMRC researchers demonstrate vaccine protects against Malaria

From Naval Medical Research Center Public Affairs

SILVER SPRING, Md. - Researchers from the Naval Medical Research Center (NMRC) partnered with other federal and industry partners to publish the results of a successful clinical trial of a new malaria vaccine Aug. 8.

NMRC researchers played a key role in the design of the study, particularly in testing the efficacy of the vaccine by exposure to infectious mosquitoes and in the volunteer follow-up.

"The work done by researchers at the Naval Medical Research Center and their colleagues represents a big step forward for malaria vaccine research," said Vice Adm. Matthew L. Nathan, U.S. Navy Surgeon General and chief, U.S. Navy Bureau of Medicine and Surgery. "Navy Medicine researchers began working on this vaccine in the early 1970's with unwavering commitment. Their efforts have been instrumental to this study."

This is the first time that 100 percent protective efficacy has been achieved in any clinical trial testing a candidate malaria vaccine.

"Our NMRC researchers are dedicated to conducting medical research to enhance deployment readiness of DoD personnel worldwide and to protect our warfighters in harm's way," said Nathan.

The vaccine used in this clinical trial

was given at varied doses by intravenous injection to 40 volunteers from October 2011 to October 2012.

Three weeks after the final immunization, volunteers were exposed to the bites of five mosquitoes carrying infectious *Plasmodium falciparum* malaria. At the highest vaccine dose, six of nine volunteers receiving four doses and six of six volunteers receiving five doses were protected against malaria infection.

"This is a historical moment in malaria vaccine research development," said Capt. Judith E. Epstein, the NMRC lead investigator on this trial. "For the first time, we and our collaborators have a malaria vaccine approach which has demonstrated the high-level vaccine efficacy required to protect our troops. As the leader of the NMRC effort to bring this vaccine strategy to licensure, I see the U.S. Navy paving the way to a vaccine which can be used

within the next three to four years for military personnel and for the millions of individuals suffering and dying from malaria worldwide."

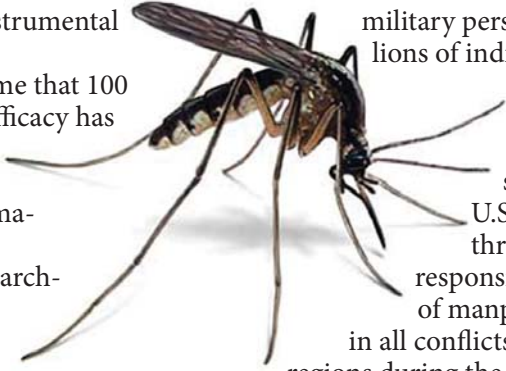
Malaria has had a significant impact on U.S. military operations throughout history. It was responsible for a greater loss of manpower than enemy fire in all conflicts occurring in tropical regions during the 20th century.

Malaria continues to present a major challenge to force health protection during operations in any environment where malaria is endemic. This includes over

100 countries spanning the tropical and subtropical regions of the world, including most of sub-Saharan Africa and larger regions of South Asia, Southeast Asia, Oceania, central Asia, the Middle East, Central and South America and the Caribbean.

"We need an effective vaccine against malaria, which has been a constant threat to military personnel," said Nathan. "Our naval forces may be deployed on short notice to regions where malaria presents a leading infectious disease threat to mission success. In our military population, malaria infection can severely degrade performance, result in missed duty, may require prolonged hospitalization and, in some cases, result in death. The news that NMRC researchers have participated in the first trial which demonstrates 100 percent protective efficacy of a candidate vaccine for malaria brings new hope that a malaria vaccine may become available for military personnel deployed abroad. I look forward to the next developments in this ground-breaking research."

NMRC collaborated with federal researchers from the Vaccine Research Center Clinical Trials Core at the National Institutes of Health Clinical Center and the Walter Reed Army Institute (WRAIR) of Research and the vaccine developer, Sanaria, Inc., Rockville, Md. NMRC participated in the development the protocol, provided malaria microscopists and slide-reading assistance, performed cellular assays, and assisted with the care of volunteers during the impatient post-challenge stay.



NAVY

From page 7

and health care delivery in the region, and they were intimately involved in planning and executing expansions and renovations not only at WRNMMC, but also at their bases to accommodate the integration. In addition, through integration, the NCA ensured Naval components, such as staff and programs, fit into a joint military health system.

Navy Medicine NCA was one of four Echelon 3 Commands, along with Navy Medicine East, Navy Medicine West and Navy Medicine Support Command, established in August 2005 "to better direct the collective shore-based assets of Navy Medicine to maintain readiness and deliver the highest quality care in the

most cost effective manner," explained Capt. Jeffrey Blice, chief of staff, Navy Medicine NCA. The NCA included the former National Naval Medical Center, and Naval Health Clinics at Annapolis, Patuxent River and Quantico, he added.

"On May 31, the Navy Surgeon General approved the disestablishment of Navy Medicine NCA and realignment of its subordinate commands under Navy Medicine East," Blice continued. With the realignment, Navy Medicine East assumes responsibility for NCA's assets which serves a population of approximately 51,000 enrolled beneficiaries and provides more than 375,000 patient visits annually, he noted. Navy Medicine East now includes all Navy medical treatment facilities on the East Coast, Gulf Coast, Great Lakes, and in Europe.

To keep up with Navy
Medicine news and daily
updates follow us on...





Photo by Mass Communication Specialist 3rd Class Samantha J. Webb

Pacific Partnership 2013 personnel help deliver boxes of donated medical supplies to the Gizo Branch of the Solomon Islands Red Cross during Pacific Partnership 2013.

By Cmdr. Carolyn Currie, director, theater engagement, U.S. Navy Bureau of Medicine and Surgery

Another Saturday night at sea. We left Kiribati yesterday afternoon and are enroute to our next stop.

We departed the island hot, dusty and tired, but tremendously satisfied that we achieved our objectives and left the place better than we found it. There were cheers and waves at the pier as the last landing craft utility bound for the USS Pearl Harbor pulled away.

The ship is once again bursting at the seams, as we embarked over 100 of our Kiwi counterparts onto the ship yesterday. Their presence has reminded us how far we've come on our journey. As they wander the ship looking very lost and very wobbly on their new found sea legs, we chuckle to ourselves that it was only nine weeks ago that we had the same bewildered looks on our faces as we bounced off the bulkheads with every rock and roll of the ship at sea. An overhead announcement this morning that

the water was being turned off due to an unbalanced consumption to production ratio, also brought back memories of our earlier days of a full ship!

The New Zealand Defense Forces took over the lead for the mission in Kiribati and will continue to do so in the Solomon Islands (or Solies as they call them). Integrating our forces has been a challenge, but not without great reward. We have learned to pool our talents to plan engagements, work side by side to solve problems and are making new friends along the way. We still have Aussie, Canadian, Malaysian and Korean partners aboard as well. We no longer notice the different uniforms, the accents are now commonplace and everyone joins in when the deck of cards breaks out in the office or we have a spontaneous movie night in the wardroom.

My mood has changed to melancholy as we get ready to say goodbye to many of our embarked crew. A number of Americans will leave the USS Pearl Harbor along with the embarked Kiwis and

crossdeck to the NZ ship Canterbury. The Solomon Islands will be our last mission stop before we head back to Hawaii. It's hard to believe the deployment is almost over. What an amazing experience it's been!

The next few days will be filled with planning meetings, briefs and manifests as we plan for our engagements in the Solomon Islands. As with our previous mission stops we will be putting on health fairs, nursing symposiums, working side-by-side with host nation counterparts in clinics and hospitals and collaborating with host nation officials to support their health system strengthening initiatives. The most rewarding moments will come on the ground when we make new friends, break bread together, share stories and celebrate our similarities as well as our diversity!

I hope all is well at home. Although I am sad to see the end of this adventure coming fast, I am anxious to get back to my normal routine. I miss my friends and family!